EMPLOYEE COMPLAINT FORM – LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, e-mail, fax, or U.S. mail to the appropriate administrator within the time established in DGBA (LOCAL). All complaints will be heard in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name __________________________________________________________________

2. Address ________________________________________________________________
________________________________________________________________________
Telephone number (     ) _________________________________________________

3. Position _________________________ Campus/Department ______________________

4. If you will be represented in voicing your complaint, please identify the person representing you.

   Name __________________________________________________________________
   Address ________________________________________________________________
   Telephone number (     ) _________________________________________________

5. Please describe the decision or circumstances causing your complaint (give specific factual details).
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. What was the date of the decision or circumstances causing your complaint?
________________________________________________________________________
7. Please explain how you have been harmed by this decision or circumstance.

__________________________________________________________________________
__________________________________________________________________________

8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

With whom did you communicate?

__________________________________________________________________________

On what date? __________________________

9. Please describe the outcome or remedy you seek for this complaint.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Employee signature _____________________________________________________________

Signature of employee’s representative _____________________________________________

Date of filing __________________________________

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling is within the designated time for filing a complaint.

Attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.